### PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	VLY THE SCHEDULE	THIS FORM INCLUDES ON
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	ORRESPONDING S	ATTACH THE C
Yes No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No X	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No X	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes X No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No X	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes X No	A. Did you, your spouse, or your dependent child: <ul> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or</li> <li>b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?</li> </ul>

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

Z X	Yes	<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
No X	Yes	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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#### SCHEDULE C - EARNED INCOME

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Page 3 of S	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff Principal Examples: Boys Source (include date of receipt for honoraria HARNESS COMPANY L.L. C. ABC Trade Association, Beltimore, MD (July 15)
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education XI GR DISTRI BUTION spouse Salary 5pouse Salary Spouse Speech Spouse Salary Type 100,000 **Current Year to Filing** \$20,000 \$0 N/A **Amount ≥**/∡ 2/A Preceding Year \$76,000 \$1,000

#### SCHEDULE D - LIABILITIES

Name:
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Page 4 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

					SP. DC, JT	
				Example		
			NONE	First Bank of Wilmington, DE	Creditor	
				5/98	Date Liability Incurred MO/YR	
				Mortgage on Rental Property, Dover, DE	Type of Liability	
		,		``	\$10,001- \$15,000 >	
					\$15,001- \$50,000	
					\$50,001- \$100,000	
				x	\$100,001- \$250,000	$\Big]_{lackbr{>}}$
					\$250,001- \$500,000	Amount of Liability
					\$500,001- \$1,000,000	t of Li
					\$1,000,001- \$5,000,000	ability
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					Over \$50,000,000 -	
1					Over \$1,000,000* (Spouse/DC Liability)	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position Name of Organization			
Name of Organization			Position
			Name of Organization

#### SCHEDULE F - AGREEMENTS

Name:
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Page 5 of 5

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

				Date
			MONE	Parties to Agreement
				Terms of Agreement

## SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

9		
	Source (Name and City/State)	Brief Description of Duties
Ехатрів:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	NONE	